

Please type a plus sign (+) in this box → ☐

PTO/SB/122 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

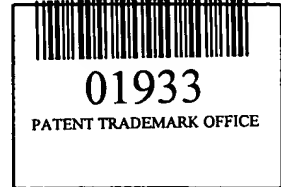
## CHANGE OF CORRESPONDENCE ADDRESS *Application*

Address to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Application Number	
Filing Date	Herewith
First Named Inventor	J. KINASE
Group Art Unit	
Examiner Name	
Attorney Docket Number	01357/LH

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number  →  
Type Customer Number here



OR

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		ZIP
Country				
Telephone		Fax		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed  
Name

Leonard Holtz, Reg. No. 22,974

Signature

Date

June 18, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.